FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

APPROVED AND FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48739** **(9)**

1. Corporate Name

DIMENSIONS NORTH AT CHAPEL TRAIL ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
P.O. BOX 821025 SOUTH FLORIDA FL 33082-1025	P O BOX 821025 SOUTH FLORIDA FL 33082-1025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1992	3a. Date of Last Report: 08/24/1994
4. FEI Number: 65-0333411	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 c/o UNITED REALTY MGT	26 C/O UNITED REALTY MGT
Suite, Apt. #, etc. 22 8211 W BROWARD BLVD #240	Suite, Apt. #, etc. 27 8211 W BROWARD BLVD
City & State 23 PLANTATION FLA	City & State 28 PLANTATION FLA #240
Zip 24 33324 Country 25	Zip 29 33324 Country 30

9. Name and Address of Current Registered Agent

JOHN B. MORGAN, III
18480 NW 19 STREET
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name: ANDREW MORGER
82 Street Address (P.O. Box Number is Not Acceptable): 8211 W BROWARD BLVD #240
83
84 City: PLANTATION FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: ANDREW MORGER 4/25/95
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	41 TITLE: P.D ☒ Change ☐ Addition
NAME: MILTON, ADRIAN	42 NAME: JOHN ROOT
STREET ADDRESS: P.O. BOX 821025 N/A	43 STREET ADDRESS: 1802 NW 184 TERRACE
CITY ST ZIP: SOUTH FLORIDA FL 33082-1025	44 CITY ST ZIP: PEMBROKE PINES, FLA 33029
TITLE: VD	51 TITLE: V.D ☒ Change ☐ Addition
NAME: MORGAN, JOHN B.	52 NAME: SEENA FRITZ
STREET ADDRESS: P.O. BOX 821025 N/A	53 STREET ADDRESS: 18510 NW 18TH ST
CITY ST ZIP: SOUTH FLORIDA FL 33082-1025	54 CITY ST ZIP: PEMBROKE PINES, FLA 33029
TITLE: TD	61 TITLE: D ☒ Change ☐ Addition
NAME: DONNA SPADIFINO	62 NAME:
STREET ADDRESS: P.O. BOX 821025 N/A	63 STREET ADDRESS:
CITY ST ZIP: SOUTH FLORIDA FL 33082-1025	64 CITY ST ZIP:
TITLE: D	71 TITLE: T.D ☒ Change ☐ Addition
NAME: BARR, JOHN	72 NAME: JUNE RAGIN
STREET ADDRESS: 15900 PINES BLVD.	73 STREET ADDRESS: 1842 NW 184 TERRACE
CITY ST ZIP: PEMBROKE PINES FL	74 CITY ST ZIP: PEMBROKE PINES, FLA 33029
TITLE: SD	81 TITLE: S.D ☒ Change ☐ Addition
NAME: DENISE THOMAS,	82 NAME: ZOAK QUATO
STREET ADDRESS: P.O. BOX 821025 N/A	83 STREET ADDRESS: 18477 NW 19 ST
CITY ST ZIP: SOUTH FLORIDA FL 33082-1025	84 CITY ST ZIP: PEMBROKE PINES FLA 33029
TITLE: D	91 TITLE: D ☐ Change ☐ Addition
NAME: BRIAN CROWE,	92 NAME: ROGEAN MCRAE
STREET ADDRESS: P.O. BOX 821025 N/A	93 STREET ADDRESS: 1902 NW 184 TERRACE
CITY ST ZIP: SOUTH FLORIDA FL 33082-1025	94 CITY ST ZIP: PEMBROKE PINES FLA 33029

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Jack Quato 4/25/95 305-455-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0040667

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **N48872** (8)

1 Corporation Number

HIDDEN ISLAND ESTATES HOMEOWNERS ASSOCIATION, IN C.

APR [illegible]
FILED
[illegible] PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7808 HIDDEN ISLAND LANE TEMPLE TERRACE FL 33617	7808 HIDDEN ISLAND LANE TEMPLE TERRACE FL 33617

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 04/15/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax pursuant to Chapter 199, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 7802 Hidden Island LANE	26 7802 Hidden Island LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Temple Terrace, FL	City & State 28 Temple Terrace FL
Zip 24 33617 — County 25 Hillsborough	Zip 29 33617 — Country 30 Hills.

9. Name and Address of Current Registered Agent

DELGADO, FRANK
7808 HIDDEN ISLAND LANE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name: Susan McCormick
82 Street Address (P.O. Box Number is Not Acceptable): 7802 Hidden Island LANE
83
84 City: Temple Terrace — FL — 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan McCormick Susan J McCormick 2/16/95
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	11 TITLE: Director	☐ Change ☐ Addition
NAME	MCCORMICK, CARL P or Susan	12 NAME: Wes SARGINSON or Ann	
STREET ADDRESS	7802 HIDDEN ISLAND LANE	13 STREET ADDRESS: 7804 Hidden Island LANE	
CITY ST ZIP	TEMPLE TERRACE FL	14 CITY ST ZIP: Temple Terrace FL. 33617	
TITLE	D	21 TITLE: President, T.S	☒ Change ☐ Addition
NAME	~~BUGNI, WILLIAM J~~	22 NAME: McCormick, Carl P or Susan	
STREET ADDRESS	~~7804 HIDDEN ISLAND LANE~~ Omit	23 STREET ADDRESS	
CITY ST ZIP	~~TEMPLE TERRACE~~ FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	~~HAMILTON, MICHAEL~~ S	32 NAME	
STREET ADDRESS	~~7806 HIDDEN ISLAND~~ LANE Omit	33 STREET ADDRESS	
CITY ST ZIP	~~TEMPLE TERRACE~~ FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DELGADO, FRANK or Stella	42 NAME ~~DELGADO~~	
STREET ADDRESS	7808 HIDDEN ISLAND LANE	43 STREET ADDRESS	
CITY ST ZIP	TEMPLE TERRACE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STATZ, DON	52 NAME	
STREET ADDRESS	7810 HIDDEN ISLAND LANE	53 STREET ADDRESS	
CITY ST ZIP	TRMPLE TERRACE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Frank Delgado 2/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR (Date) (Phone Number)

0064479